



CITY OF ALAMO HEIGHTS
6116 BROADWAY
SAN ANTONIO, TEXAS 78209
OFFICE OF THE CITY ENGINEER
(210) 826 – 0516 (210) 822 – 5181 [FAX]

FOOD ESTABLISHMENT PERMIT APPLICATION (§8-32, Alamo Heights City Code)

Return both the completed application and non-refundable fee (made payable to the CITY OF ALAMO HEIGHTS) or mail to the address noted above. To view the appropriate ordinances, you may visit our website at: www.ci.alamo-heights.tx.us

TYPE OF APPLICATION: () RETAIL () CHILDCARE () SCHOOL

() TEMPORARY [14 DAYS]

APPLICATION DATE: _____

Name Under Which Business is Conducted (DBA): _____

Physical Address to be Licensed: _____

City, County, State, Zip Code: SAN ANTONIO, BEXAR, TEXAS 78209

Telephone # at address: (210) _____

FEE SCHEDULE (§8-34, Ordinance 1517, Alamo Heights City Code)

Fees for food service establishments are based on the total number of employees, not just food handlers. Mark the appropriate category and remit fee accordingly.

() 1 – 3 employees	\$100.00	() 11 – 20 employees	\$400.00
() 4 – 6 employees	\$200.00	() over 20 employees	\$500.00
() 7 – 10 employees	\$300.00	Fees are non-refundable	

Food Establishment - any place where food is prepared and intended for individual portion service. This includes the site at which individual portions are provided for consumption on or off the premises and regardless of whether there is a charge for the food, bed & breakfasts with >7 rooms, restaurants, bars, cafes, snack bars, hospitals that serve food to the general public, correctional facilities & jails that contract with professional food management corporations for food preparation, privately-owned correctional facilities, etc.

VERIFICATION: I SWEAR OR AFFIRM THAT ALL INFORMATION IN THIS APPLICATION IS TRUE AND CORRECT. I FURTHER CERTIFY BY SIGNATURE HEREON THAT I AM AUTHORIZED TO EXECUTE THIS DOCUMENT ON BEHALF OF THE CORPORATION. I AM NOT CURRENTLY DELINQUENT IN THE PAYMENT OF ANY CORPORATION FRANCHISE TAXES OWED THE STATE OF TEXAS UNDER CHAPTER 171, TAX CODE, NOR AM I DELINQUENT IN THE PAYMENT OF ANY FEES AND TAXES OWED THE CITY OF ALAMO HEIGHTS. IF SIGNING THIS AS OWNER OF A SOLE PROPRIETORSHIP, I AM NOT DELINQUENT IN THE PAYMENT OF ANY CHILD SUPPORT OWED UNDER CHAPTER 232, FAMILY CODE. IF SIGNING AS A SOLE PROPRIETOR, I CERTIFY I HAVE FILED THE ASSUMED NAME CERTIFICATE IN APPROPRIATE COUNTIES PURSUANT TO BUSINESS AND COMMERCE CODE, CHAPTER 36. I FURTHER CERTIFY THAT I HAVE READ AND UNDERSTOOD CHAPTER 437 OF THE TEXAS STATE HEALTH & SAFETY CODE, THE APPLICABLE PROVISIONS OF 25 TAC, CHAPTER 229, AND THE APPROPRIATE PROVISIONS OF THE ORDINANCES AND CODES OF THE CITY OF ALAMO HEIGHTS, AND THAT I AGREE TO ABIDE BY THEM.

Signature

Printed Name & Title

() OWNER () PARTNER

() CORPORATE DESIGNEE/AGENT

() PRESIDENT () OTHER: _____

PURPOSE OF THIS APPLICATION:

[Mark appropriate box to indicate purpose of application, and/or any change in status of firm.]

- () New - Planned Start Date of Regulated Activity: _____
- () Amended [indicate what amendment is needed] Indicate effective date: _____
- () Change of Ownership [previous owner: _____]
- () Change of Location [previous location: _____]
- () Change of Name [previous name: _____]
- () Other: _____

Change of name, ownership, or change in the location of a licensed place of business, requires submission of a new application and fee. The effective date of change becomes the new anniversary date.

- () Renewal - Renewals are valid for one year from the anniversary date.
- () Notice that firm is out of business. Effective Date: _____
Sign and date. Return for deletion from our records.
- () Not required to license/permit. Reason: _____
(Attach documentation)

RESPONSIBLE INDIVIDUAL IN CHARGE AT PHYSICAL ADDRESS

Name & Title

Food Handler Certificate Date and Number

BUSINESS HOURS OF OPERATION:

SUN	_____.M. to _____.M.	THURS	_____.M. to _____.M.
MON	_____.M. to _____.M.	FRI	_____.M. to _____.M.
TUES	_____.M. to _____.M.	SAT	_____.M. to _____.M.
WEDS	_____.M. to _____.M.		

NOTE: PER CITY ORDINANCE, NO FOOD SERVICE BETWEEN 2 & 6 A.M., ANY DAY OF THE WEEK

BILLING INFORMATION (The license/permit and/or courtesy renewal notice will be sent to the following):

Billing Name: _____

Billing Address: _____

City, State, Zipcode: _____

Name of Application Preparer (Contact Person): _____

Telephone Number of Application Preparer (Contact Person): _____

Fax Number of Application Preparer (Contact Person): _____

E-mail Address of Application Preparer (Contact Person): _____

[PREFERRED METHOD OF CONTACT () TELEPHONE () FAX () EMAIL () US MAIL]

LICENSE/PERMIT HOLDER INFORMATION: Complete the required ownership information. Include copies of proof of Taxpayer ID#, Charter #, Business Status.

[Legal name of company must be identical to the name on your State Tax Payer's Identification on file with the Texas Comptroller of Public Accounts.]

Name Tax Payer ID # or Charter # Outlet #

Mailing Address of Licensed Establishment City and State Zip

* Has the applicant, licensee, and/or managing officer ever been convicted of a felony or misdemeanor?
() Yes () No (If yes, please attach a statement explaining the conviction.)

() SOLE OWNER I PROPRIETORSHIP

Name Residence Address (include City, State, and Zip Code)

() PARTNERSHIP () LLP

Name of Partnership Effective Date of Partnership

Name Residence Address (include City, State, and Zip Code)

Name Residence Address (include City, State, and Zip Code)

Name Residence Address (include City, State, and Zip Code)

() ASSOCIATION

Name Residence Address (include City, State, and Zip Code)

Name Residence Address (include City, State, and Zip Code)

() CORPORATION () LLC

Name of Corporation Date and Place of Incorporation

President's Name Residence Address (include City, State, and Zip Code)

Name of Registered Agent Residence Address (include City, State, and Zip Code)

Phone Number of Registered Agent: (____) _____

[FOR SPECIAL PURPOSE, NON-TEMPORARY PERMITS ONLY]

TYPE OF OPERATION

- () **Child Care Center** - a facility that is licensed by regulatory authority to receive 13 or more children for care, that prepares food for on-site consumption.
- () **School Food Establishment** - operated on a for-profit basis by a private contractor.

List Foods To Be Sold: _____

Commissary Name: _____

Address, City/State, Zipcode: _____

Phone: _____ STATE RETAIL PERMIT #: _____

A separate license/permit is required for each location. All licenses/permits shall be displayed at the address licensed/permitted.

The license/permit will be valid for one year from the new, renewal, or change date.

The license/permit renewal application and fee are due each year PRIOR TO the anniversary date. This office must be advised of any changes of ownership, name, or address PRIOR TO the change, as this will change the anniversary date.

Please note that it is the responsibility of the license / permit holder to remit the renewal application and fee before the expiration date, whether a payment notice is received or not.

This license / permit DOES NOT take the place of appropriately issued Food Handler Certificates. Contact the St. Phillips College Office of Continuing Education for more information and class schedules. Such certificates are required for all forms of Food Establishment Permit issued by the City of Alamo Heights.

All retail food establishments in Texas are required to obtain a retail food establishment permit from the regulatory authority that has the permitting and inspectional responsibility for the establishment.

This permit does not address alcohol-related licensing. See Alamo Heights Ordinances, Chapter 3.

TEMPORARY FOOD ESTABLISHMENT PERMIT
(§8-36, Alamo Heights City Code)



This application must be received by the CITY ENGINEER'S OFFICE at least 30 days prior to the event.

One license/permit covers a single event site, regardless of the number of locations per that site. Additional license/permit required for sites not immediately adjacent to each other. Licenses/permits shall be displayed at each address licensed/permitted.

Name under which Business is operated: _____

Name of Applicant: _____

Address of Applicant: _____
Mailing Address City and State Zip Code

Phone Number of Applicant: _____ Applicant eMail Address: _____

Event Name: _____

Event Address: _____
Address City, State Zip Code

Event Start Date / Time: _____ Event End Date / Time: _____

Event Sponsor/Organizer (Organization): _____

Sponsor/Organizer Address: _____
Address City, State Zip Code

Event Contact Person and Phone Number: _____

List Foods to be Prepared: _____

Commissary Name: _____

Address, City/State, Zipcode: _____

Phone: _____ STATE RETAIL PERMIT #: _____

APPROVED FOR TEMPORARY PERMIT: _____
CITY ENGINEER

EFFECTIVE DATES: _____ **UNTIL** _____ **PERMIT #:** _____